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ABSTRACT

The current prevalence of drug use among American high school seniors and the trends in use since 1975 are the two major topics treated. Also reported are prevailing attitudes and beliefs among seniors concerning various types of drug use. Eleven separate classes of drugs are distinguished: marihuana (including hashish), inhalants, hallucinogens, cocaine, heroin, natural and synthetic opiates other than heroin, stimulants, sedatives, tranquilizers, alcohol, and cigarettes. Considerable attention is focused on drug use at the higher frequency levels, in order to help differentiate levels of seriousness, or extent of drug involvement. A relatively accurate picture of the drug experiences and attitudes of each high school class in the United States, beginning with the class of 1975 is presented. Accurate changes in usage are monitored from one year to another, for both high school seniors as a whole and for particular subgroups. (Author/KA)

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Highlights From DRUG USE AMONG AMERICAN HIGH SCHOOL STUDENTS 1975-1977

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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Highlights From DRUG USE AMONG AMERICAN HIGH SCHOOL STUDENTS 1975-1977

by

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INTRODUCTION

This document presents highlights from the first major publication from a national research and reporting series being conducted at The University of Michigan's Institute for Social Research.* The series, entitled Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth, is funded through a research grant from the National Institute on Drug Abuse.

The two major topics treated here are the current prevalence of drug use among American high school seniors, and the trends in use since 1975. Also reported are prevailing attitudes and beliefs among American high school seniors concerning various types of drug use.

Eleven separate classes of drugs are distinguished: marihuana (including hashish), inhalants, hallucinogens, cocaine, heroin, natural and synthetic opiates other than heroin, stimulants, sedatives, tranquilizers, alcohol, and cigarettes. (This particular organization of drug use classes was chosen to heighten comparability with a parallel publication based on a national household survey on drug abuse.) In the complete volume from which these highlights are excerpted, a full chapter is devoted to each of the eleven drug classes.

Except for the findings on alcohol and cigarettes, virtually all of the information reported here deals with illicit drug use. Respondents were asked to exclude any occasions on which they had used any of the psychotherapeutic drugs under medical supervision. Data on the medically supervised use of such drugs are contained in the larger volume.

We have chosen to focus considerable attention on drug use at the higher frequency levels rather than simply reporting proportions who have ever used various drugs. This is done to help differentiate levels of seriousness, or extent, of drug involvement. While we may yet lack any public consensus of what levels of use

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*Those interested in obtaining a copy of the larger volume may write to the National Clearinghouse for Drug Abuse Information, National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, Maryland 20857.

constitute "abuse," there is surely a consensus that heavier levels of use are more likely to have detrimental effects for the user and society than are lighter levels. Therefore, it is important to deal not only with the breadth but also with the depth of youthful involvement in drug use.

Quite a number of topics are included in the larger volume which could not be included in these highlights. In addition to detailed treatment of each of the eleven categories of drug usage, it contains data on perceptions of drug availability, on grade of first use, and on probabilities of future use. Methodological issues treated there include detailed sampling procedures, field procedures, procedures to protect confidentiality, questionnaire content, representativeness, validity, reliability, response rates, sampling errors and confidence intervals.

Purposes and Rationale

Young people are often at the leading edge of social change. This has been particularly true in the case of drug use. The surge in illicit drug use during the last decade has proven to be primarily a youth phenomenon, with onset of use most likely to occur during adolescence. From one year to the next particular drugs rise or fall in popularity, and related problems occur for youth, for their families, for governmental agencies, and for society as a whole.

One of the major purposes of the Monitoring the Future series is to develop an accurate picture of the current situation and of current trends. A reasonably accurate assessment of the basic size and contours of the problem of illicit drug use among young Americans is an important starting place for rational public debate and policymaking. In the absence of reliable prevalence data, substantial misconceptions can develop and resources can be misallocated. In the absence of reliable data on *trends*, early detection and localization of emerging problems are more difficult, and assessments of the impact of major historical and policy-induced events are much more conjectural.

The Monitoring the Future study has a number of purposes other than prevalence and trend estimation--purposes which are not addressed in this volume. Among them are: gaining a better understanding of the lifestyles and value orientations associated with various patterns of drug use and monitoring how those orientations are shifting over time; determining the immediate and more general aspects of the social environment which are associated with drug use and abuse; determining how drug use is affected by major transitions in social environment (such as entry into military service, civilian employment, college, unemployment) or in social roles (marriage, parenthood); distinguishing age effects from cohort and period effects in determining drug use; determining the effects of social legislation--

in particular marihuana decriminalization--on all types of drug use; and determining the changing connotations of drug use and changing patterns of multiple drug use among youth.

This volume, which is the first in a series, is intended to provide a relatively accurate picture of the drug experiences and attitudes of each high school class in the United States, beginning with the class of 1975. More importantly, it is intended to monitor accurately changes from one year to another, both for high school seniors as a whole and for particular subgroups.

The movement toward social reporting continues to gain momentum in this country. Perhaps no area is more clearly appropriate for the application of systematic research and reporting than the drug field, given its rapid rate of change, its importance for the well-being of the nation, and the amount of legislative and administrative intervention addressed to it. This study is intended to contribute to such a system of social reporting and research.

Research Design and Procedures

The basic research design involves data collections from high school seniors during the spring of each year, beginning with the class of 1975. Each data collection takes place in approximately 125 public and private high schools selected to provide an accurate cross section of high school seniors throughout the United States.

Reasons for Focusing on High School Seniors. There are several reasons for choosing the senior year of high school as an optimal point for monitoring the drug use and related attitudes of youth. First, the completion of high school represents the end of an important developmental stage in this society, since it demarcates both the end of universal public education and, for many, the end of living in the parental home. Therefore, it is a logical point at which to take stock of the cumulated influences of these two environments on American youth. Further, the completion of high school represents the jumping-off point from which young people diverge into widely differing social environments and experiences. Finally, there are some important practical advantages to building a system of data collections around samples of high school seniors. The last year of high school constitutes the final point at which a reasonably good national sample of an age-specific cohort can be drawn and studied economically. The need for systematically repeated, large-scale samples from which to make reliable estimates of change requires that considerable stress be laid on efficiency and feasibility; the present design meets those requirements.

One limitation in the design is that it does not include in the target population those young men and women who drop out of high

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school before graduation--between 15 and 20 percent of each age cohort. The omission of high school dropouts does introduce biases in the estimation of certain characteristics of the entire age group; however, for most purposes, the small proportion of dropouts sets outer limits on the bias. Further, since the bias from missing dropouts should remain just about constant from year to year, their omission should introduce little or no bias into the various types of change being estimated for the majority of the population. In fact, we suspect that the changes observed over time for those who are high school graduates are likely to parallel the changes for dropouts in most instances.

Sampling Procedures. The procedure for securing a nationwide sample of high school seniors is a multi-stage one. Stage 1 is the selection of particular geographic areas, Stage 2 is the selection of one or more high schools in each area, and Stage 3 is the selection of seniors within each high school.

This three-stage sampling procedure yielded the following numbers of participating schools and students:

	Class of 1975	Class of 1976	Class of 1977
Number of public schools	111	108	108
Number of private schools	14	15	16
Total number of schools	125	123	124
Total number of students	15,791	16,678	18,436

Questionnaire Administration. About ten days before the administration students are given flyers explaining the study. The actual questionnaire administrations are conducted by the local Survey Research Center representatives and their assistants, following standardized procedures detailed in a project instruction manual. The questionnaires are administered in classrooms during a normal class period whenever possible; however, circumstances in some schools require the use of larger group administrations.

Questionnaire Format. Because many questions are needed to cover all of the topic areas in the study, much of the questionnaire content is divided into five different questionnaire forms (which are distributed to participants in an ordered sequence that insures five virtually identical subsamples). About one-third of each questionnaire form consists of key or "core" variables which are common to all forms. All demographic variables, and nearly all of the drug use variables included in this report, are included in this "core" set of measures.

Representativeness and Validity

School Participation. Schools are invited to participate in the study for a two-year period, and with only one exception each school in the original sample, after participating for one year of the study, has agreed to participate for a second year. Depending on the year, from 66% to 80% of the schools initially invited to participate agree to do so; for each school refusal, a similar school (in terms of size, geographic area, urbanicity, etc.) is recruited as a replacement. The selection of replacement schools almost entirely removes problems of bias in region, urbanicity, and the like that might result from certain schools refusing to participate. Other potential biases are more subtle, however. If, for example, it turned out that most schools with "drug problems" refused to participate, that would seriously bias the sample. And if any other single factor were dominant in most refusals, that also might suggest a source of serious bias. In fact, however, the reasons for a school refusing to participate are varied and are often a function of happenstance events; only a small proportion specifically object to the drug content of the survey. Thus we feel fairly confident that school refusals have not seriously biased the surveys.

Student Participation. Completed questionnaires are obtained from about three-fourths of all sampled students in participating schools. The single most important reason that students are missed is absence from class at the time of data collection; in most cases it is not workable to schedule a special follow-up data collection for absent students. Students with fairly high rates of absenteeism also report above-average rates of drug use; therefore, there is some degree of bias introduced by missing the absentees. That bias could be largely corrected through the use of special weighting; however, it was decided not to do so because the bias in overall drug use estimates was determined to be quite small, and because the necessary weighting procedures would have introduced undesirable complications (Appendix A of the main report provides a discussion of this point). Of course, some students are not absent, but simply refuse to complete or turn in the questionnaire. However, interviewers in the field estimate this proportion at below 3 percent, and perhaps as low as 1 percent.

Accuracy of the Sample. For purposes of this introduction, it is sufficient to note that drug use estimates based on the total sample for 1977 have confidence intervals that average about ±1% (as shown in Table 1, confidence intervals vary from ±2.0% to smaller than ±0.4%, depending on the drug). This means that had we been able to invite all schools and all seniors in the 48 coterminous states to participate, the results from such a massive survey should be within about one percentage point of our present

findings for most drugs at least 95 times out of 100. We consider this to be a high level of accuracy, and one that permits the detection of fairly small changes from one year to the next.

Consistency and the Measurement of Trends. One other point is worth noting in a discussion of the validity of our findings. The Monitoring the Future project is, by intention, a study designed to be sensitive to changes from one time to another. Accordingly, the measures and procedures have been standardized and applied consistently across each data collection. To the extent that any biases remain because of limits in school and/or student participation, and to the extent that there are distortions (lack of validity) in the responses of some students, it seems very likely that such problems will exist in much the same way from one year to the next. In other words, biases in the survey estimates will tend to be consistent from one year to another, which means that our measurement of trends should be affected very little by any such biases.

PREVALENCE OF DRUG USE

This section summarizes the levels of drug use reported by the class of 1977. Data are included for lifetime use, use during the past year, use during the past month, and daily use. There is also a comparison of key subgroups in the population (based on sex, college plans, region of the country, and population density or urbanicity).

Prevalence of Drug Use in 1977: All Seniors

Lifetime, Monthly, and Annual Prevalence

- *Six in every ten seniors (61.6%) report illicit drug use at some time in their lives.* However, a substantial proportion of them have used only marihuana (25.8% of the sample, or 42% of all illicit users).

- *About one-third of the seniors (35.8%) report using an illicit drug other than marihuana at some time.**

- Figure A gives a ranking of the various drug classes on the basis of their lifetime prevalence figures.

- *Marihuana is by far the most widely used illicit drug* with 56% reporting some use in their lifetime, 48% reporting some use in the past year, and 35% use in the past month.

- The most widely used of the other illicit drugs are stimulants (23% lifetime prevalence) followed by two other classes of psychotherapeutic drugs: tranquilizers (18% lifetime prevalence) and sedatives (17% lifetime prevalence.)**

- Next come hallucinogens (such as LSD, THC, PCP, mescaline, peyote) which have been used by about one in every seven students (14% lifetime prevalence).

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*Use of "other illicit drugs" includes any use of hallucinogens, cocaine, or heroin or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's orders.

**Only use which was not medically supervised is included in the figures cited in this chapter.

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TABLE 1

Prevalence (Percent Ever Used) of Eleven Types of Drugs: Observed Estimates and 95% Confidence Limits, Class of 1977

(N = 17116)

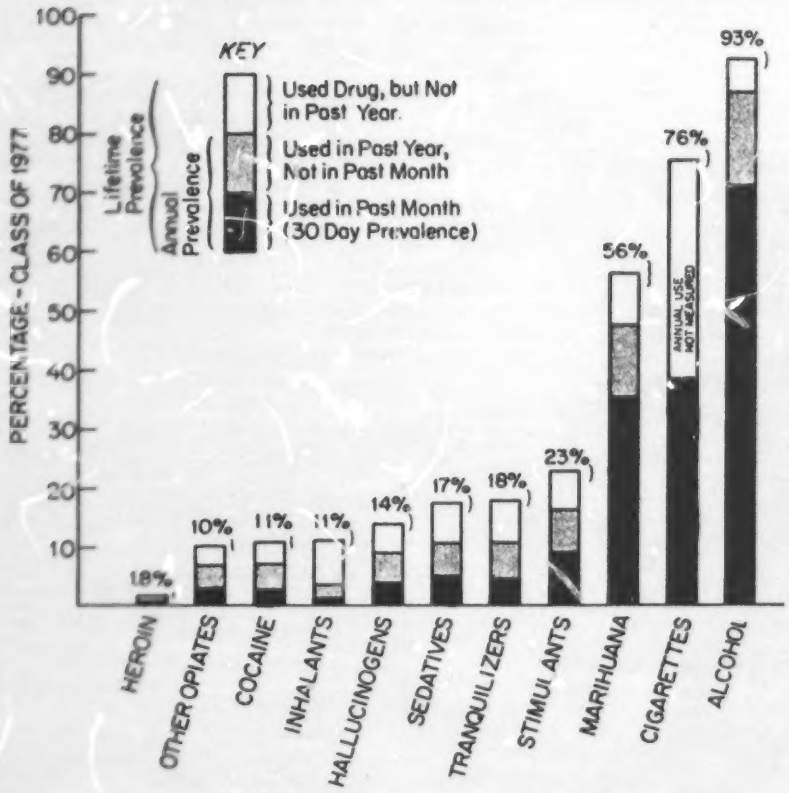
	Lower limit[b]	Observed estimate	*Upper limit*[b]
Marihuana	*54.4*	56.4	*58.4*
Inhalants	*10.3*	11.1	*11.9*
Hallucinogens	*12.8*	13.9	*15.1*
Cocaine	*9.8*	10.8	*11.9*
Heroin	*1.5*	1.8	*2.2*
Other Opiates[a]	*9.6*	10.3	*11.1*
Stimulants[a]	*21.6*	23.0	*24.5*
Sedatives[a]	*16.1*	17.4	*18.7*
Tranquilizers[a]	*16.7*	18.0	*19.4*
Alcohol	*91.2*	92.5	*93.7*
Cigarettes	*74.2*	75.7	*77.1*

[a]Only drug use which was not under a doctor's orders is included here.

[b]The 95% confidence interval is an estimate of the range within which the true value for all seniors in the United States lies. Sampling theory indicates that the true value should be within the 95% confidence interval 95 out of 100 times.

FIGURE A

Lifetime, Annual, and Thirty-Day Prevalence of Use,
(and Recency of Use) for Eleven Types of Drugs, Class of 1977



NOTE: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

- About one in every nine or ten students has used inhalants (11%), cocaine (11%), and opiates other than heroin (10%).

- Only 1.8% of the sample admitted to ever using any heroin, the most infrequently used drug.

- These illicit drugs remain in about the same order when ranked by their prevalence in the most recent month and in the most recent year, as the data in Figure A illustrate. The major change in ranking occurs for inhalants, which, unlike any other drug, are used in the senior year by only a small proportion of those who had ever used them. This occurs because inhalants tend to be used primarily at an earlier age.

- Use of either of the two major licit drugs, alcohol and cigarettes, is still more widespread than use of any of the illicit drugs. Nearly all students have tried alcohol (93%) and the great majority (71%) have used it in the past month.

- Some 76% report having tried cigarettes at some time, and 38% smoked at least some in the past month.

Daily Prevalence

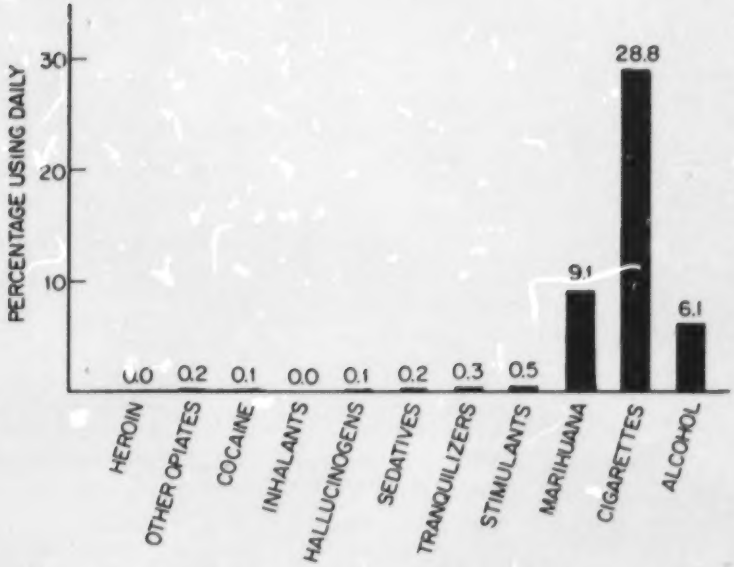
- Frequent use of these drugs is of greatest concern from a health and safety viewpoint. Table 6 and Figure B show the prevalence of daily or near daily use of the various classes of drugs. For all drugs, except cigarettes, respondents are considered daily users if they indicate that they had used the drug on twenty or more occasions in the preceding 30 days. For cigarettes, they explicitly state use of one or more cigarettes per day.

- The displays show that cigarettes are used daily by more of the respondents (29%) than any of the other drug classes. In fact, 19.4% say they smoke half-a-pack or more per day.

- *A particularly important finding is that marihuana is now used daily by a substantial fraction of the age group (9.1%). The proportion using alcohol daily stands at 6.1%.*

- Less than 1% of the respondents report daily use of any of the illicit drugs other than marihuana. Still, .5% report unsupervised daily use of amphetamines, and the comparable figure for tranquilizers is .3%, for sedatives .2%, and for opiates other than heroin .2%.

FIGURE B
Thirty-Day Prevalence of Daily Use for Eleven Types of Drugs, Class of 1977



NOTE: Daily use for all drugs, except cigarettes, is defined as use on 20 or more occasions in the past thirty days. Daily use of cigarettes is defined as smoking one or more cigarettes per day in the last thirty days.

While very low, these figures are not inconsequential considering that 1% of each high school class represents about 30,000 individuals.

- Not surprisingly, given the strength and duration of their effects, hallucinogens are used on a daily basis by only about .1% of the sample. Cocaine also is used daily by only about .1% of the sample.

- Virtually no respondents (less than .05%) report daily use of inhalants or heroin in senior year. However, in the opinion of the investigators heroin is the drug most likely to be underreported in surveys, so the absolute prevalence figures may be somewhat understated.

Prevalence Comparisons for Important Subgroups

Sex Differences

- *In general, higher proportions of males than females are involved in drug use, especially heavy drug use;* however, this picture is a complicated one (see Table 2).

- Overall marihuana use is somewhat higher among males, and daily use of marihuana is substantially higher among males (12.4% vs. 5.6% for females in 1977).

- On most other illicit drugs males have considerably higher prevalence rates. The annual prevalence for inhalants, cocaine, and heroin tends to be two to three times as high among males as among females. Males also have substantially higher rates of use for hallucinogens, opiates other than heroin, and sedatives. Further, males account for a disproportionate number of the heavy users of these drugs.

- Annual prevalence for the use of stimulants is about equal for both sexes, though more of the frequent users are female than male. Slightly more females than males also are using tranquilizers, but frequent use occurs about equally for both sexes.

- *Despite the fact that most illicit drugs are used by more males than females, about equal proportions of both sexes report at least some illicit use of drugs other than marihuana during the last year (see Figure D).* If one thinks of going beyond marihuana as an important threshold point in the sequence of illicit drug use, then equal proportions of both sexes (26% for males vs. 25% for females) were willing to cross that threshold at least once during the year. The

TABLE 2

Annual Prevalence of Use of Eleven Types of Drugs by Subgroups, Class of 1977

	Marihuana	Inhalants	Hallucinogens	Cocaine	Heroin	Other Opiates	Stimulants	Sedatives	Tranquilizers	Alcohol	Cigarettes[a]
All seniors	47.6	3.7	8.8	7.2	0.8	6.4	16.3	10.8	10.8	87.0	19.4
Sex:											
Male	53.2	5.1	10.8	9.3	1.2	7.3	16.6	12.0	10.2	90.0	19.7
Female	42.0	2.4	6.5	4.9	0.4	5.4	16.4	9.4	11.4	84.3	18.9
College Plans:											
None or under 4 yrs	50.7	4.7	10.6	8.1	1.1	8.0	20.5	12.9	12.3	87.7	26.9
Complete 4 yrs	43.4	2.9	6.4	5.5	0.5	4.7	11.5	8.1	9.0	86.5	11.2
Region:											
Northeast	53.5	4.1	10.6	7.9	0.7	6.6	16.8	10.7	10.4	92.8	24.2
North Central	48.1	4.2	9.7	6.3	1.0	7.5	19.0	11.9	11.0	90.4	20.3
South	42.5	3.3	6.8	6.0	0.9	5.2	13.2	11.3	11.4	81.0	18.5
West	46.8	3.0	8.2	10.2	0.5	6.0	16.0	7.5	9.6	82.3	11.5
Population Density:											
Large SMSA	53.2	3.4	9.6	8.6	0.5	6.7	15.3	9.8	9.6	90.4	20.4
Other SMSA	48.9	3.6	9.1	7.3	0.8	6.3	17.1	11.7	11.4	87.6	18.8
Non-SMSA	41.2	4.2	7.5	5.8	1.1	6.2	15.9	10.3	11.0	83.4	19.5

[a]Based on 30-day prevalence of a half pack a day of cigarettes, or more. Annual prevalence is not available.

difference lies in the number of different illicit drugs taken by the male vs. female users, and the frequency with which they use them.

- Greater than occasional use of alcohol tends to be disproportionately concentrated among males. Daily use, for example, is reported by 8.6% of the males but by only 3.6% of the females.

- Finally, for cigarettes, there is practically no sex difference in the prevalence of smoking a half-a-pack or more daily (19.7% for males vs. 18.9% for females), although among these regular smokers males appear to consume a somewhat higher quantity of cigarettes.

Differences Related to College Plans

- *Overall, seniors who are expecting to complete four years of college (referred to here as the "college-bound") have lower rates of illicit drug use than those who are not* (see Table 2).

- Annual marihuana use is reported by 43% of the college-bound and 51% of the noncollege-bound.

- There is a substantial difference in the proportion of these two groups using illicit drugs other than marihuana. In 1977 only 21% of the college-bound reported any such behavior in the prior year vs. 30% of the noncollege-bound.

- For all of the specific illicit drugs, annual prevalence is lower for the college-bound: in fact, the prevalence rates tend to be about half again as large (or more) for the noncollege-bound as for the college-bound on all illicit drugs except marihuana and tranquilizers, as Table 2 illustrates.

- *Frequent use of all of the illicit drugs is even more disproportionately concentrated among students not planning four years of college.*

- Frequent alcohol use is also more prevalent among the noncollege-bound. For example, drinking on a daily basis is twice as common at 8.0% for the noncollege-bound vs. 4.0% for the college-bound. On the other hand, there are practically no differences between the groups in annual or monthly prevalence; 88% of the noncollege-bound vs. 87% of the college-bound used alcohol at least once during the past year, 73% vs. 69% used it at least once in the past month.

- The largest difference of all between the college plans groups involves daily smoking. Only 11% of the college-bound smoke a half-a-pack or more daily, compared with 27% of the noncollege-bound.

Regional Differences

- In general, there are not very great regional differences in 1977 in rates of illicit drug use among high school seniors. The highest rate is in the Northeast, where 57% say they have used a drug illicitly in the past year, followed by the North Central with 52%, the West with 50%, and the South with 46%.

- There is even less regional variation in terms of the percent using some illicit drug other than marihuana in the past year: 28% in the Northeast, 28% in the North Central, 20% in the West, and 23% in the South.

- As Table 2 illustrates, the Northeast shows the highest annual rate on marihuana and hallucinogens. The North Central shows the highest rates on stimulants. The West shows the highest annual prevalence of cocaine use, while the South shows the highest for tranquilizer use and the lowest for marihuana, hallucinogens, and stimulants. However, these findings should be taken with a grain of salt, since a number of the regional differences are quite small. (See Table 2.)

- Alcohol use tends to be somewhat lower in the South and West than it is in the Northeast and North Central.

- The largest regional differences occur for regular cigarette smoking. In the Northeast 24% say they smoke half-a-pack or more per day of cigarettes compared with 20% in the North Central, 19% in the South, and only 12% in the West.

Differences Related to Population Density

- Three levels of population density (or urbanicity) have been distinguished for analytical purposes: (1) Large SMSAs, which are the twelve largest Standard Metropolitan Statistical Areas in the 1970 Census; (2) Other SMSAs, which are the remaining Standard Metropolitan Statistical Areas; and (3) Non-SMSAs, which are sampling areas not designated as metropolitan.

- Overall illicit drug use is highest in the largest metropolitan areas (56% annual prevalence), slightly

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lower in the other metropolitan areas (52%), and lowest in the nonmetropolitan areas (45%).

- There is less variation in the proportion using illicit drugs other than marihuana: 27% annual prevalence in the largest cities, 27% in the other cities, and 24% in the nonmetropolitan areas.

- For specific drugs, the greatest urbanicity differences seem to occur for marihuana, which has an annual prevalence of 53% in the large cities but only 41% in the nonmetropolitan areas (Table 2).

- The use of hallucinogens and cocaine also is positively correlated with urbanicity, though less strongly. Annual prevalence of alcohol use is positively correlated, but daily drinking is not.

RECENT TRENDS

This section summarizes trends in drug use, comparing the classes of 1975, 1976, and 1977. As in the previous section, the data include lifetime use, use during the past year, use during the past month, daily use, and comparisons of key subgroups.

Trends in Prevalence 1975-1977: All Seniors

Trends in Lifetime, Annual, and Monthly Prevalence

- *The past two years have witnessed an appreciable rise in marihuana use without any concomitant increase in the proportion using other illicit substances.* While 47% of the class of 1975 used marihuana at least once during their lifetime, fully 56% of the class of 1977 had done so (Table 3). The corresponding trend in annual marihuana prevalence is from 40% to 48% (Table 4).

- *There has been no increase in the proportion who are users of illicit drugs other than marihuana* (Figure C). This proportion has remained steady over the last three years at about 36% for lifetime prevalence and about 26% for annual prevalence.

- *Because of the increase in marihuana use, the overall proportion of seniors involved in illicit drug use has been increasing.* About 62% of the class of 1977 report having used some illicit drug at least once during their lifetime, compared with 55% of the class of 1975. Annual prevalence figures have risen from 45% to 51% over the same interval (see Figure C).

- Although the proportion using other illicit drugs has remained unchanged over the last two years, some interesting changes have been occurring for specific drugs within the class. (See Tables 3, 4, and 5 for recent trends in lifetime, annual, and monthly prevalence figures for each class of drugs.)

- *There has been a decline over the past two years in the prevalence of hallucinogen use among seniors.* Annual prevalence has dropped by about 2.4%, from 11.2% in 1975 to 8.8% in 1977--a statistically significant shift.

TABLE 3

Trends in Lifetime Prevalence of Eleven Types of Drugs

	Percent ever used			
	Class of 1975	Class of 1976	Class of 1977	'76-'77 change
N =	(9408)	(15385)	(17116)	
Marihuana	47.3	52.8	56.4	+3.6 ss
Inhalants	NA	10.3	11.1	+0.8
Hallucinogens	16.3	15.1	13.9	-1.2
Cocaine	9.0	9.7	10.8	+1.1
Heroin	2.2	1.8	1.8	0.0
Other opiates[a]	9.0	9.6	10.3	+0.7
Stimulants[a]	22.3	22.6	23.0	+0.4
Sedatives[a]	18.2	17.7	17.4	-0.3
Tranquilizers[a]	17.0	16.8	18.0	+1.2
Alcohol	90.4	91.9	92.5	+0.6
Cigarettes	73.6	75.4	75.7	+0.3

NOTES: Level of significance of difference between 1976 and 1977: *s* = .05, *ss* = .01, *sss* = .001.

NA indicates question not asked.

[a]Only drug use which was not under a doctor's orders is included here.

TABLE 4

Trends in Annual Prevalence of Eleven Types of Drugs

	Percent who used in last twelve months			
	Class of 1975	Class of 1976	Class of 1977	'76-'77 change
N =	(9410)	(15345)	(17047)	
Marihuana	40.0	44.5	47.6	+3.1 ss
Inhalants	NA	3.0	3.7	+0.7 s
Hallucinogens	11.2	9.4	8.8	-0.6
Cocaine	5.6	6.0	7.2	+1.2 ss
Heroin	1.0	0.8	0.8	0.0
Other opiates[a]	5.7	5.7	6.4	+0.7 s
Stimulants[a]	16.2	15.8	16.3	+0.5
Sedatives[a]	11.7	10.7	10.8	+0.1
Tranquilizers[a]	10.6	10.3	10.8	+0.5
Alcohol	84.8	85.7	87.0	+1.3
Cigarettes	NA	NA	NA	NA

NOTES: Level of significance of difference between 1976 and 1977: *s* = .05, *ss* = .01, *sss* = .001.

NA indicates question not asked.

[a]Only drug use which was not under a doctor's orders is included here.

TABLE 5

Trends in Thirty-Day Prevalence of Eleven Types of Drugs

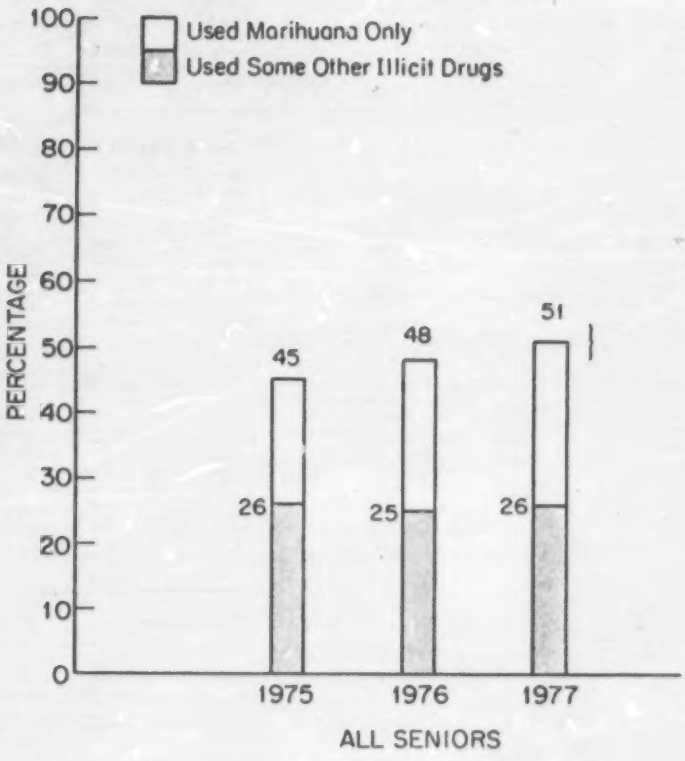
	Percent who used in last thirty days			
	Class of 1975	Class of 1976	Class of 1977	'76-'77 change
N =	(9404)	(15377)	(17087)	
Marihuana	27.1	32.2	35.4	+3.2 ss
Inhalants	NA	0.9	1.3	+0.4 s
Hallucinogens	4.7	3.4	4.1	+0.7 s
Cocaine	1.9	2.0	2.9	+0.9 sss
Heroin	0.4	0.2	0.3	+0.1
Other opiates[a]	2.1	2.0	2.8	+0.8 sss
Stimulants[a]	8.5	7.7	8.8	+1.1 s
Sedatives[a]	5.4	4.5	5.1	+0.6
Tranquilizers[a]	4.1	4.0	4.6	+0.6
Alcohol	68.2	68.3	71.2	+2.9 s
Cigarettes	36.7	38.8	38.4	-0.4

NOTES: Level of significance of difference between 1976 and 1977: *s* = .05, *ss* = .01, *sss* = .001.

NA indicates question not asked.

[a]Only drug use which was not under a doctor's orders is included here.

FIGURE C
Trends in Annual Prevalence of Illicit Drug Use, All Seniors



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.
Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

The number of frequent users has also been declining steadily. In 1975, 1.0% reported use on 20 or more occasions per year vs. .7% in 1976 and .5% in 1977.

- *Cocaine, on the other hand, has exhibited a modest but continuing increase in popularity,* with annual prevalence going from 5.6% in the class of 1975 to 7.2% in the class of 1977--also a statistically significant shift. However, the majority of these seniors used cocaine only once or twice during the past year.

- The use of opiates other than heroin also seems to have increased slightly since 1975, when 5.7% admitted use during the year compared with 6.4% in 1977. (The increase is quite small, but statistically significant.)

- By way of contrast, use of the three psychotherapeutic drugs (stimulants, sedatives, and tranquilizers) has remained virtually unchanged over the last two years.

- Heroin prevalence also appears to have remained constant over the past year, although there may have been some drop between 1975 and 1976.

- Trend data on inhalant use exist only over the past one-year interval, since this class of drugs was included for the first time in 1976. There has been a slight increase in prevalence over that year. Annual prevalence rose from 3.0% to 3.7%--a small, but still statistically significant, change.

- Thus, while the proportion using any illicit drugs other than marihuana has remained remarkably constant, the mix of drugs they have been using has been changing somewhat.

- Turning to the licit drugs, between 1975 and 1977 there has been a slight upward shift in the prevalence of alcohol use among seniors, most of which was observed over the last year. To illustrate, annual prevalence rates for 1975, 1976, and 1977 are 84.8%, 85.7%, and 87.0%, respectively.

- Over the past year there was virtually no change in the prevalence of cigarette use, though a slight increase was observed between 1975 and 1976.

TABLE 6

Trends in Thirty-Day Prevalence of Daily Use of Eleven Types of Drugs

	Percent who used daily in last thirty days			
	Class of 1975	Class of 1976	Class of 1977	'76-'77 change
N =	(9404)	(15377)	(17087)	
Marihuana	6.0	8.2	9.1	*+0.9*
Inhalants	NA	0.0	0.0	*0.0*
Hallucinogens	0.1	0.1	0.1	*0.0*
Cocaine	0.1	0.1	0.1	*0.0*
Heroin	0.1	0.0	0.0	*0.0*
Other opiates[a]	0.1	0.1	0.2	*+0.1*
Stimulants[a]	0.5	0.4	0.5	*+0.1*
Sedatives[a]	0.3	0.2	0.2	*0.0*
Tranquilizers[a]	0.1	0.2	0.3	*+0.1*
Alcohol	5.7	5.6	6.1	*+0.5*
Cigarettes	26.9	28.8	28.8	*0.0*

NOTES: Level of significance of difference between 1976 and 1977: ε = .05, $\varepsilon\varepsilon$ = .01, $\varepsilon\varepsilon\varepsilon$ = .001.

NA indicates question not asked.

[a]Only drug use which was not under a doctor's orders is included here.

Trends in Daily Prevalence

- Table 6 provides information on recent trends in daily use of the various drugs. It shows that *for all illicit drugs other than marihuana there has been virtually no change over the last two years in the very low daily prevalence figures.* Tranquilizers may constitute the one exception since daily use has risen from .1% in 1975 to .3% in 1977; however, because of the small absolute size of the change, further confirmation of this possible trend is needed.

- *In contrast, marihuana has shown a marked increase in the proportion using it (and/or hashish) daily.* The proportion reporting daily use in the Class of 1975 (6.0%) came as a surprise to many. However, since then the number has risen considerably, so that now one in every eleven high school seniors (9.1%) indicates that he or she uses the drug on a daily or near daily basis.

- Alcohol has not shown a comparable rise in use of the same time period. Daily use remained steady between 1975 and 1976 (at 5.7% and 5.6% respectively), then rose slightly to 6.1% in 1977. The two-year increase is not statistically significant, however.

Trend Comparisons for Important Subgroups

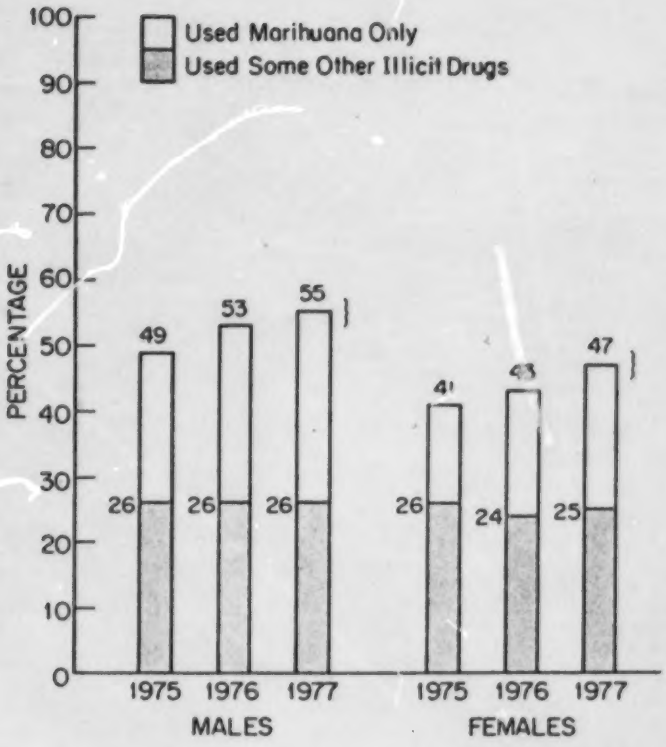
Sex Differences in Trends

- Most of the sex differences mentioned earlier have remained relatively unchanged over the past two years--that is, any trends in overall use have occurred about equally among males and females, as the trend lines in Figures D through G demonstrate. There are, however, two important exceptions.

- First, there is a divergence in the prevalence of daily marihuana use (Figure G). Although daily prevalence is rising for both sexes, it appears to be rising somewhat more rapidly among males, which accounts for the considerable disparity in current rates of daily use.

- Just the opposite is happening with regular cigarette smoking (Figure G). While the proportion smoking half-a-pack or more per day has remained quite constant for males from 1975 to 1977 (at about 20%) *the rate of cigarette smoking for females has increased from 16% to 19%, virtually eliminating the previous sex difference.*

FIGURE D
Trends in Annual Prevalence of Illicit Drug Use, by Sex



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.
Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

FIGURE E
Trends in Annual Prevalence of Eight Types of Illicit Drugs by Sex

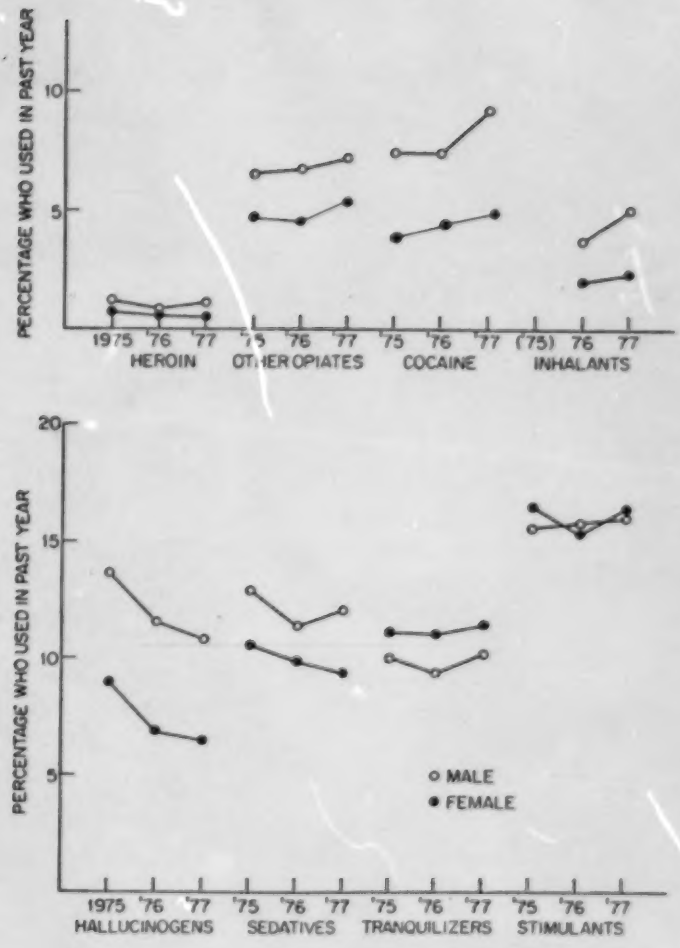


FIGURE F
Trends in Annual Prevalence of Marihuana and Alcohol, by Sex

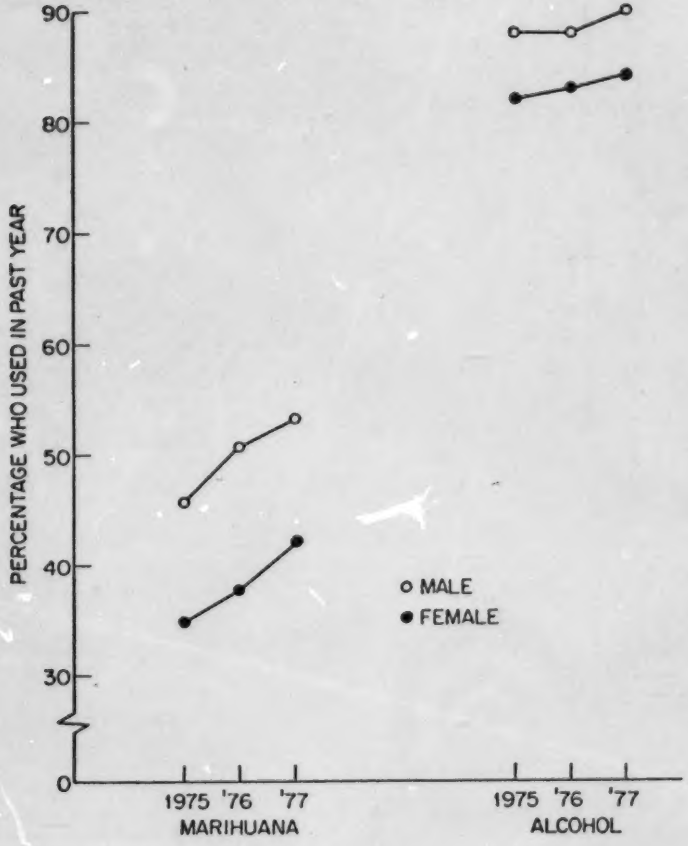
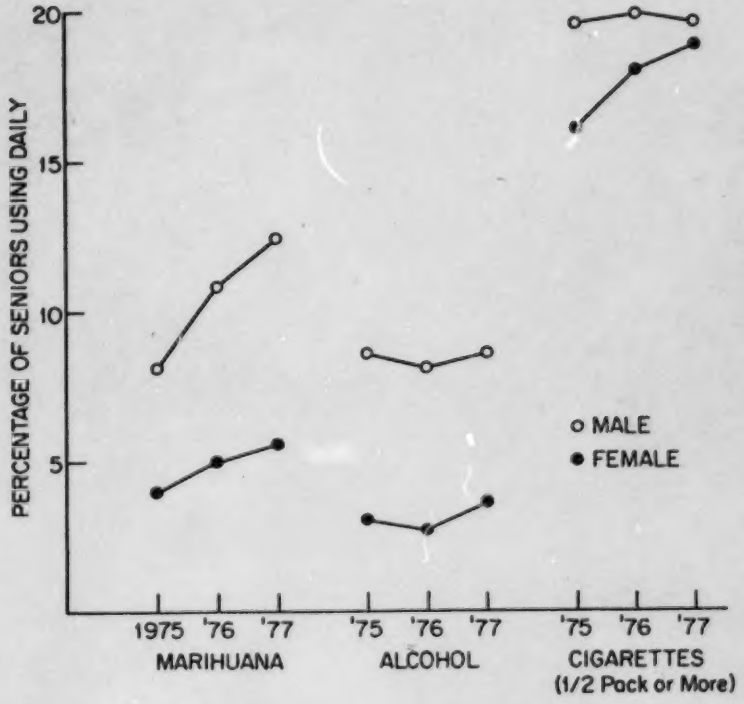


FIGURE G

Trends in Thirty-Day Prevalence of Daily Use of Marihuana, Alcohol, and Cigarettes, by Sex



NOTE: Daily use for alcohol and marihuana is defined as use on 20 or more occasions in the past thirty days. Daily use of cigarettes is defined as smoking a half-pack or more per day in the past thirty days.

Trend Differences Related to College Plans

- Both the college-bound and the noncollege-bound have been showing parallel trends in overall illicit drug use over the last year:* that is, both showed a steady proportion using illicit drugs other than marihuana and a rising proportion using marihuana only (Figure H).

- Looking at trends in the annual prevalence of specific drugs, the college-bound and noncollege-bound have had quite similar changes between 1976 and 1977 on marihuana, inhalants, hallucinogens, and alcohol. The noncollege-bound have shown a slightly greater increase on cocaine, heroin, other opiates, stimulants, sedatives, and tranquilizers. However, most of these trend differences are not statistically significant and need further corroboration before being accepted as fact.

Regional Differences in Trends

- As Figure I illustrates, between 1975 and 1977 the proportion of seniors using any illicit drugs (in the past year) has been steadily increasing in all regions of the country except the West. In the West, the proportion has remained about steady.

- The proportion using only marihuana in the previous year has increased in all regions, including the West.

- The proportion using illicit drug(s) other than marihuana has remained relatively steady in other regions, although there may be evidence of a slight downturn in the West.

Trend Differences Related to Population Density

- An examination of the two-year trends for the three levels of population density yields some interesting findings. While the proportion using illicit drugs other than marihuana has remained essentially constant in the "other metropolitan areas" and the nonmetropolitan areas, such use appears to be declining slightly in the large metropolitan areas (Figure J).

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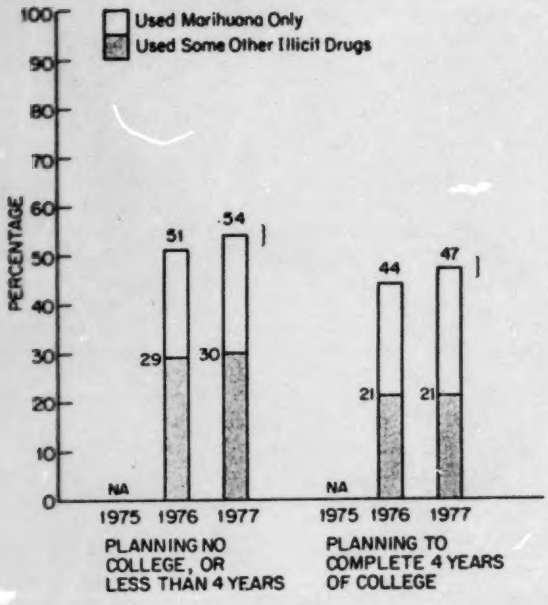
*Because of excessive missing data in 1975 on the variable measuring college plans, group comparisons are not presented for that year; therefore, only one-year trends can be examined.

FIGURE H

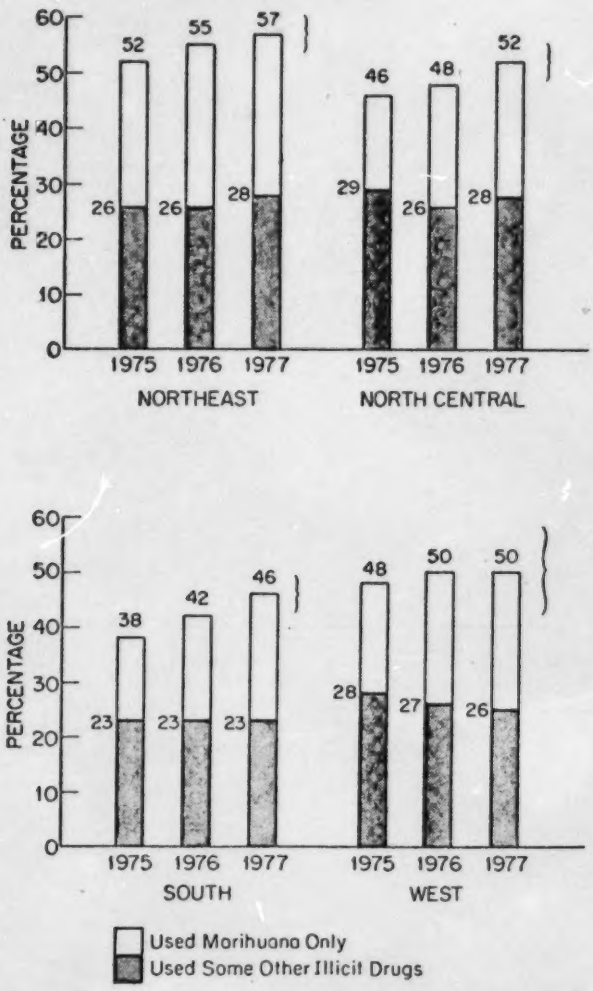
Trends in Annual Prevalence of Illicit Drug Use by College Plans



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.
Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

FIGURE I

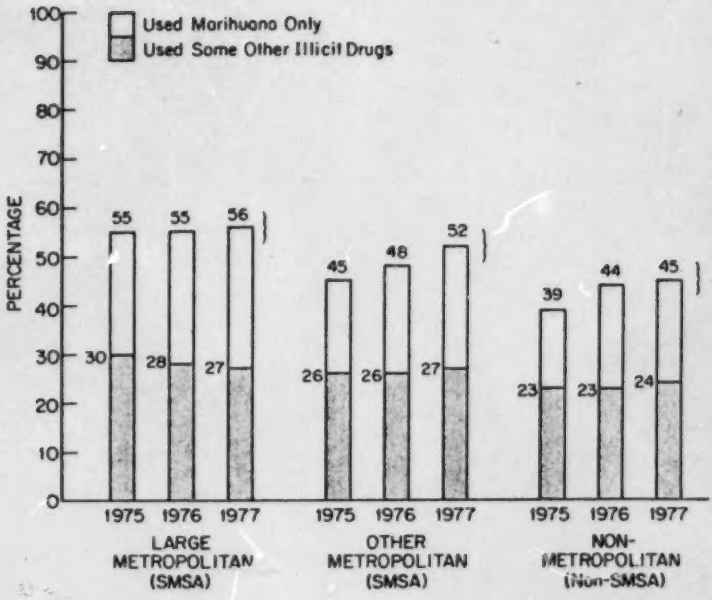
Trends in Annual Prevalence of Illicit Drug Use by Region of the Country



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

FIGURE J
Trends in Annual Prevalence of Illicit Drug Use by Population Density



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.
Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

- Further, over the past two years the annual prevalence for the use of marihuana only has risen slightly more in the "other metropolitan" and nonmetropolitan areas than in the large metropolitan areas.

- *The net effect over the last two years has been some closing of the gap between the large cities and the less metropolitan areas in the proportions using any illicit drug. While the three levels of population density have not yet reached parity, they are much closer to it* (see Figure J).

- For most of the specific illicit drugs, there has been a similar narrowing of differences and, in some cases, perhaps an elimination of them. (See the main volume for the findings on specific drugs.)

- A comparable thing has happened with alcohol use. Previously existing differences (the most urban areas had the highest prevalence) have narrowed. The most urban areas still have the highest overall prevalence rates for lifetime, last year, and last month. However, daily use is now about equivalent for all urbanicity groups and may actually be highest in the nonmetropolitan areas.

ATTITUDES AND BELIEFS ABOUT DRUGS

In the drug area, like most other areas of social behavior, the causal linkages among beliefs, attitudes, and actual behaviors are very complex. Changes in attitudes about drug use, or in beliefs about the probable consequences of drug use, may lead to changes in actual usage--particularly if there are not offsetting influences, such as changes in availability. On the other hand, if behaviors change (e.g., more people try a drug) attitudes about such behavior, particularly the attitude of the new users, may change subsequently--thus reversing the causal and temporal connection. But it also seems quite plausible that causation could work in both directions at once.

Despite these complexities in interpretation, in designing the study we felt that monitoring some general beliefs and attitudes concerning drug use might eventually contribute to understanding changes in drug use over time (and perhaps even to predicting them). This section contains the cross-time results for three sets of attitude and belief questions: one concerning how harmful the students think various kinds of drug use would be for the user, the second concerning how much they personally disapprove of various kinds of drug use, and the third about the legality of using various drugs under various conditions.

Perceived Harmfulness of Drugs

Beliefs in 1977 about Harmfulness

- *Regular use of any of the illicit drugs, other than marihuana, is perceived as entailing "great risk" of harm for the user by a substantial majority of high school seniors.* (See Table 7.) Some 86% of the sample feel this way about heroin--the highest proportion for any of these drugs. About equal proportions (around 68%) attribute great risk to amphetamines, barbiturates, and cocaine while 79% associate great risk with using LSD.

- Regular use of cigarettes (i.e., one or more packs a day) is judged by the majority (58%) but by no means all students, as entailing great risk of harm.

- *In contrast to the above figures, regular use of marihuana is judged to involve great risk by only 36% of the sample, or about one in three.*

- Regular use of alcohol was more explicitly defined in several questions. Very few (19%) associate much risk of harm with having one or two drinks almost daily. Only about a third (35%) think there is great risk involved in having five or more drinks once or twice each weekend. Considerably more (63%) think the user takes a great risk in consuming four or five drinks nearly every day. However, very heavy drinking is not judged to be as harmful as the regular use of any of the illicit drugs, marihuana excepted.

- As would be expected, fewer respondents feel that the experimental or occasional user runs a risk than feel that way about regular users.

- Very few think there is much risk in using marihuana occasionally (13%).

- Occasional or experimental use of the other illicit drugs, however, is still viewed as risky by a substantial proportion. The percentage associating great risk with experimental use ranges from 31% for amphetamines and barbiturates to 56% for heroin.

- Practically no one (4%) believes there is great risk involved in trying an alcoholic beverage once or twice.

Trends in Perceived Harmfulness

- *Over the past two years the proportion of students attaching "great risk" to the use of any of the illicit drugs has been declining steadily. The shift is most clearly evident in relation to experimental and occasional use* (see Table 7).

- The greatest decline in perceived risk has occurred for marihuana. The proportion seeing great risk in regular use of marihuana declined from 43% to 36% between 1975 and 1977, during the same period over which regular use actually has increased considerably.

- The next greatest decline has occurred for cocaine; the percentage who think there is great risk in trying it once or twice has dropped from 43% in 1975 to 36% in 1977.

- Experimental (but not regular) use of LSD has also shown a decline in perceived risk, perhaps reflecting some recovery from the effects of the widely publicized studies which suggested possible genetic and brain damage.

TABLE 7

Trends in Perceived Harmfulness of Drugs

Q. *How much do you think people risk harming themselves (physically or in other ways), if they...*	Percent saying "great risk"[a] Class of 1975	Class of 1976	Class of 1977	'76-'77 change
Try marihuana once or twice	15.1	11.4	9.5	-1.9 s
Smoke marihuana occasionally	18.1	15.0	13.4	-1.6
Smoke marihuana regularly	43.3	38.6	36.4	-2.2
Try LSD once or twice	49.4	45.7	43.2	-2.5
Take LSD regularly	81.4	80.8	79.1	-1.7
Try cocaine once or twice	42.6	39.1	35.6	-3.5 s
Take cocaine regularly	73.1	72.3	68.2	-4.1 ss
Try heroin once or twice	60.1	58.9	55.8	-3.1 s
Take heroin occasionally	75.6	75.6	71.9	-3.7 s
Take heroin regularly	87.2	88.6	86.1	-2.5 s
Try amphetamines once or twice	35.4	33.4	30.8	-2.6
Take amphetamines regularly	69.0	67.3	66.6	-0.7
Try barbiturates once or twice	34.8	32.5	31.2	-1.3
Take barbiturates regularly	69.1	67.7	68.6	+0.9
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	-0.7
Take one or two drinks nearly every day	21.5	21.2	18.5	-2.7 s
Take four or five drinks nearly every day	63.5	61.0	62.9	+1.9
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	-2.3
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	+2.0
	N = (2804)	(3225)	(3570)	

NOTE: Level of significance of difference between 1976 and 1977: *s* = .05, *ss* = .01, *sss* = .001.

[a]Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, Drug unfamiliar.

- *In dramatic contrast to all the above trends, there has been a fair sized increase in the number who think smoking cigarettes involves great risk to the user* (51% in 1975 vs. 58% in 1977).

Personal Disapproval of Drug Use

A set of questions was developed to try to uncover any general moralistic sentiment attached to various types of drug use. The rudimentary, but oft-used, phrasing of "Do you disapprove of..." was adopted. In the 1975 questionnaires we presented two different versions of the questions on disapproval--one asking about the use of drugs by adults (defined as people "20 or older") and the other asking about use by people under 20. We assumed that students would make differential judgements for these two age groups; but, in fact, the results were almost identical. Therefore, only a single set of questions was retained in subsequent years which asks about "people who are 18 or older." The age is specified in the question primarily to help clarify it and to help keep its meaning constant over time.

Extent of Disapproval in 1977

- *A substantial majority of high school seniors express disapproval of regular use of each of the illicit drugs*, ranging from 66% disapproving regular marihuana use to 92% disapproving regular cocaine use (the second lowest) to 97% disapproving regular heroin use. (Table 8 contains the relevant data.)

- Drinking at the rate of one or two drinks daily receives disapproval from two-thirds of the seniors (67%)--almost exactly the same proportion who disapprove regular marihuana use. Interestingly, weekend binge drinking (five or more drinks once or twice each weekend) was acceptable to more people (only 57% disapproved).

- Smoking a pack (or more) of cigarettes per day also received the disapproval of two-thirds (66%).

- For all drugs fewer people indicate disapproval of experimental or occasional use than of regular use, as would be expected.

- For marihuana the rate of disapproval is substantially less for experimental use (33%) and occasional use (44%) than for regular use (66%). In other words only one out of three disapprove of trying marihuana and less than half disapprove of occasional use of the drug.

TABLE 8

Trends in Proportions Disapproving of Drug Use

Q. *Do you disapprove of people (who are 18 or older) doing each of the following?*[b]	Percent disapproving[a] Class of 1975	Class of 1976	Class of 1977	'76-'77 change
Trying marihuana once or twice	47.0	38.4	33.4	-5.0 sss
Smoking marihuana occasionally	54.8	47.8	44.3	-3.5 s
Smoking marihuana regularly	71.9	69.5	65.5	-4.0 ss
Trying LSD once or twice	82.8	84.6	83.9	-0.7
Taking LSD regularly	94.1	95.3	95.8	+0.5
Trying cocaine once or twice	81.3	82.4	79.1	-3.3 ss
Taking cocaine regularly	93.3	93.9	92.1	-1.8 s
Trying heroin once or twice	91.5	92.6	92.5	-0.1
Taking heroin occasionally	94.8	96.0	96.0	0.0
Taking heroin regularly	96.7	97.5	97.2	-0.3
Trying an amphetamine once or twice	74.8	75.1	74.2	-0.9
Taking amphetamines regularly	92.1	92.8	92.5	-0.3
Trying a barbiturate once or twice	77.7	81.3	81.1	-0.2
Taking barbiturates regularly	93.3	93.6	93.0	-0.6
Trying one or two drinks of alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	-2.6 s
Taking one or two drinks nearly every day	67.6	68.9	66.8	-2.1
Taking four or five drinks every day	88.7	90.7	88.4	-2.3 s
Having five or more drinks once or twice each weekend	60.3	58.6	57.4	-1.2
Smoking one or more packs of cigarettes per day	67.5	65.9	66.4	+0.5
	N = (2677)	(3234)	(3582)	

NOTE: Level of significance of difference between 1976 and 1977: *s* = .05, *ss* = .01, *sss* = .001.

[a]Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

[b]The 1975 question asked about people who are *"20 or older."*

- The differences are not so great, however, for the illicit drugs other than marihuana. To illustrate, 84% disapprove of trying LSD even once or twice, and 93% disapprove experimenting with heroin.

Trends in Disapproval

- Despite the decline in perceived harmfulness of most drugs, licit and illicit, there has been very little change over the past two years in levels of disapproval for any of them. There are two exceptions:

- The small minority who disapprove of trying alcohol once or twice (22% in 1975) has grown even smaller (16% in 1977).

- More important, *there has been a substantial and steady decrease over the last two years in the proportion of seniors who disapprove of marihuana use at any level of frequency.* About 14% fewer of them in the class of 1977 (compared with the class of 1975) disapprove of experimenting, 11% fewer disapprove of occasional use, and 6% fewer disapprove of regular use. These are greater changes than have been observed in the actual usage figures, so a shifting proportion of users cannot account for all of the change.

Attitudes Regarding the Legality of Drug Use

Since the legal restraints on drug use appeared likely to be in a state of flux, we decided at the beginning of the study to measure attitudes about legal sanctions. Table 9 presents a statement of one set of general questions on this subject along with the answers provided by each senior class. The set lists a sampling of illicit and licit drugs and asks whether the use should be prohibited by law. A distinction is consistently made between use in public and use in private--a distinction which proved quite important in the results.

Attitudes in 1977 Regarding the Legality of Use

- A stunning 42% believe that cigarette smoking in public places should be prohibited by law--almost as many as think getting drunk in such places should be prohibited (49%).

- The majority (59%) favor legally prohibiting marihuana use in public places.

TABLE 9

Trends in Attitudes Regarding Legality of Drug Use

Q. *Do you think that people (who are 18 or older) should be prohibited by law from doing each of the following?*[b]	Percent saying "yes"[a] Class of 1975	Class of 1976	Class of 1977	'76-'77 change
Smoking marihuana in private	32.8	27.5	26.8	-0.7
Smoking marihuana in public places	63.1	59.1	58.7	-0.4
Taking LSD in private	67.2	65.1	63.3	-1.8
Taking LSD in public places	85.8	81.9	79.3	-2.6 s
Taking heroin in private	76.3	72.4	69.2	-3.2 s
Taking heroin in public places	90.1	84.8	81.0	-3.8 sss
Taking amphetamines or barbiturates in private	57.2	53.5	52.8	-0.7
Taking amphetamines or barbiturates in public places	79.6	76.1	73.7	-2.4
Getting drunk in private	14.1	15.6	18.6	+3.0 ss
Getting drunk in public places	55.7	50.7	49.0	-1.7
Smoking cigarettes in public places	NA	NA	42.0	NA
	N = (2620)	(3265)	(3629)	

NOTES: Level of significance of difference between 1976 and 1977: *s* = .05, *ss* = .01, *sss* = .001.

NA indicates question not asked.

[a]Answer alternatives were: (1) No, (2) Not sure, and (3) Yes.

[b]The 1975 question asked about people wo are *"21 or older."*

- In addition, the great majority believe that the public use of illicit drugs other than marihuana should be prohibited by law (e.g., 74% in the case of amphetamines and barbiturates, 81% for heroin).

- For all drugs, substantially fewer students believe use in private should be illegal than express that view about public use.

- The difference is greatest in the case of excessive alcohol use. While 49% favor legal prohibition for public drunkenness, only 19% favor prohibiting private drunkenness.

- The percentage who think the private use of marihuana should be legally prohibited (27%) is less than half the percentage who think that use in public should be illegal (59%).

- The differences in attitudes regarding public vs. private use are less pronounced for the other illicit drugs, however. A fair majority feel that use of heroin (69%) and LSD (63%) should be illegal, even when it occurs in private. A slight majority (53%) favor the prohibition of amphetamine or barbiturate use in private.

Trends in Attitudes about the Legality of Use

- Over the last two years there has been a steady decline in the proportion of seniors who favor legal prohibition of use in public or private of any of the illicit drugs.

- There has been a similar decline relevant to public drunkenness; but, strangely enough, an increasing (but still small) proportion favor legal prohibition against getting drunk in private.

The Legal Status of Marihuana

Another set of questions was included dealing specifically with marihuana and what legal sanctions, if any, students think should be attached to its use and sale. Respondents also are asked to guess how they would be likely to react to legalized use and sale of the drug. While the answers to such a question must be taken with a grain of salt, we think it worth exploring how young people think they might respond to such changes in the law. A full statement of the questions and the resulting data are contained in Table 10.

TABLE 10

Trends in Attitudes Regarding Marihuana Laws
(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977
Q. *There has been a great deal of public debate about whether marihuana use should be legal. Which of the following policies would you favor?*			
Using marihuana should be entirely legal	27.3	32.6	33.6
It should be a minor violation --like a parking ticket--but not a crime	25.3	29.0	31.4
It should be a crime	30.5	25.4	21.7
Don't know	16.8	13.0	13.4
	N = (2617)	(3264)	(3622)
Q. *If it were legal for people to USE marihuana, should it also be legal to SELL marihuana?*			
No	27.8	23.0	22.5
Yes, but only to adults	37.1	49.8	52.1
Yes, to anyone	16.2	13.3	12.7
Don't know	18.9	13.9	12.7
	N = (2616)	(3279)	(3628)
Q. *If marihuana were legal to use and legally available, which of the following would you be most likely to do?*			
Not use it, even if it were legal and available	53.2	50.4	50.6
Try it	8.2	8.1	7.0
Use it about as often as I do now	22.7	24.7	26.8
Use it more often than I do now	6.0	7.1	7.4
Use it less than I do now	1.3	1.5	1.5
Don't know	8.5	8.1	6.6
	N = (2602)	(3272)	(3625)

Attitudes and Beliefs in 1977

- About a third of the 1977 seniors believe marihuana use should be entirely legal (34%). Nearly another third (31%) feel it should be treated as a minor violation--like a parking ticket--but not as a crime. (This constitutes a rough definition of decriminalization.) Another 13% indicate no opinion, and only 22% feel it should be a crime. In other words, *fully three-quarters of those expressing an opinion believe that marihuana use should not be treated as a criminal offense.*

- Asked whether they thought it should be legal to sell marihuana if it were legal to use it, nearly two-thirds (65%) said yes. Most of those would permit sale only to adults, however.

- *In the aggregate, high school seniors predict that they would be little affected by the legalization of the sale and use of marihuana.* About half of the respondents (51%) say that they would not use marihuana, even if it were legal and available, and another 27% indicate they would use it about as often as they do now. Slightly more than 7% say they would use it more often than at present and another 7% say they would try it. About 7% more say they do not know how they would react.

Trends in Attitudes about the Legal Status of Marihuana

- *Over the last two years the proportion of seniors who favor treating use as a crime has dropped 9% from 31% to 22%.* The number undecided has also dropped about 3%. (It should be noted that during this two-year period a number of states actually enacted decriminalization statutes.)

- The proportion opposing the legalized sale of marihuana has dropped from 28% in 1975 to 23% in 1977. Interestingly, the proportion favoring sale to anyone (not just to adults) also has dropped, as has the proportion who are undecided.

- Over the same two years the proportion favoring legalized sale to adults only (assuming legalized use) has risen a full 15% from 37% to 52%.

- The predictions of personal marihuana use under legalization are quite similar for the high school classes of 1975, 1976, and 1977. The slight shifts over the two-year interval can be attributed to the increased proportion of seniors who actually use marihuana.

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